

# **MARYLAND HEALTH CARE COMMISSION**

## **BID BOARD NOTICE**

**Procurement ID Number:** MHCC 10-009

**Issue Date:** December 7, 2009

**Title:** Provision of Consulting Services for Patient Centered Medical Home Pilot Evaluation

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## **INTRODUCTION**

### **Background**

The Maryland Health Quality and Cost Council (MHQCC) was created under an Executive Order in October 2007 to develop recommendations and foster initiatives with existing state organizations that could improve health care quality and reduce health care costs in the State. To guide the Governor's charge, the Council established three initial priorities:

- Develop actionable wellness and prevention strategies to be integrated into a chronic care and disease management plan;
- Coordinate multi-phased quality and patient safety initiatives for acute hospitals settings; and,
- Facilitate statewide implementation of a Patient Centered Medical Home (PCMH) demonstration project.

The PCMH pilot will test whether this new form of primary care centered on the patient and founded on team-oriented care can meet the twin objectives in the charge to improve health care quality and lower costs. At the same time, the Pilot will assess whether the PCMH model can address other pressing challenges facing primary care delivery in Maryland due to poor reimbursement and provider dissatisfaction with existing work styles in the current care delivery model.

Work has been underway since April 2009. In October 2009, the MHQCC endorsed twelve recommendations for developing a PCMH pilot in Maryland. Quality measurement, care coordination PMPM, and bonus payment formulae are under development.

In 2009, the Task Force To Review Physician Shortages In Rural Areas, chaired by Senator Thomas M. Middleton and Delegate John P. Donoghue, issued a report on health care shortages in rural Maryland. Recommendation 7 directed the State to develop additional and intensive health care careers' education programs focused on meeting needs in shortage areas by fostering medical school admission of rural and other underserved qualified medical student applicants that meet all academic

requirements in exchange for service in rural and other underserved areas of Maryland.

## **DESCRIPTION OF THE WORK**

The Commission seeks a consultant to support the development of the PCMH pilot and Physician Work Force development issues.

### **A. PCMH Activities**

1. Assess the feasibility of implementing quality measures for the PCMH Pilot by determining measures that can be collected in pretest and test settings. Identify which condition specific quality measures are used in multi-payer PCMH initiatives in Maine, Minnesota, Vermont, and Washington.
2. The consultant will complete an environmental scan of current resources available to support practices as they move toward PCMH implementation. Some first generation PCMH pilots have allocated funds specifically for practice education and staff training on the PCMH. Maryland does not anticipate that significant funds from either private or public payers will be available. We anticipate building on the experience gained by CareFirst in launching its 11-practice pilot in Maryland. The environmental scan will be used by the Pilot staff and Workgroup members to devise in devising the transformational component. The scan must include assessment of the strengths and limits of resources including, but not limited to the services offered by TransforMED and the American College of Physicians (ACP) Medical Home Builder<sup>SM</sup>.
3. Nurse care coordinators are key elements in the team approach to care delivery in a PCMH. The contractor will inventory community resources available in Maryland's jurisdictional areas that are available to support PCMHs. In Vermont, the PCMH initiative has used local resources to support the nurse care coordination function. In other states, the nurse coordinator has been financed through the pilots. This approach enables a PCMH practice to have direct control over the nurse care coordination function. The payers in the Maryland may not support direction financing of the nurse care coordination as part of a PMPM payment. The continuing State budget crises make it unlikely that the State can identify a funding source. The consultant will identify and assess possible private resources of care coordinators and sources of funding across Maryland.

### **B. Physician Work Force Development activities**

1. Assess the feasibility of developing a post-baccalaureate program for medical education in Maryland. A number of states offer comprehensive, structured post baccalaureate programs designed for individuals who have been unsuccessful in gaining admission to medical school or who have completed the required undergraduate course work, but feel they need more background before initiating the medical school application process. In Maryland, such a program would be specifically aimed at individuals from disadvantaged backgrounds or underserved

communities that could make a commitment to practice in an underserved area in Maryland. The consultant will examine requirements for establishing a program in Maryland and gauge interest of state policymakers and educators of supporting a program. The consultant will identify key elements of any legislation that would be needed to establish a program.

## **PROCUREMENT SPECIFICATIONS**

The Commission will issue specific task orders in one or more of the study areas outlined above. The consultant will perform up to four (4) task orders, subject to funds available. Any task order may involve all or part of the work required to complete a study area. The statement of work will contain a description of the task, as well as the proposed methods to accomplish the work, assumptions about the number of total hours to complete the effort, deliverables, and submission dates. The total funding available for the performance of Task Orders shall not exceed \$25,000.

### **A. Project Deliverables and Timelines**

The contract resulting from this bid board notice is on a time and materials basis. The vendor must be able to provide assistance within MHCC's timetable of activities. The timetable is as follows:

<b>Tasks</b>	<b>Period of Performance</b>	<b>Probable Deliverable</b>
Conduct an environmental scan of current resources available to support practices as they move toward PCMH implementation	January 2010-February 2010	Report and presentation to PCMH Task Force
Inventory community resources available in Maryland's jurisdictional areas that are available to support PCMHs	January 2010-February , 2010	Report and presentation to PCMH Task Force
Assess the feasibility of implementing quality measures for the PCMH Pilot by determining measures that can be collected in pretest and test settings	May 2010-June 2010	Report and presentation to PCMH Task Force
Assess the feasibility of developing a post-baccalaureate program for medical education in Maryland.	June 2010-July 2010	Feasibility study and presentation to MHCC

## B. Technical Specifications

The consultant may use his/her offices or facilities at the Maryland Health Care Commission to conduct the analyses based on the requirements of each particular task. All reports and analyses completed under this contract shall be submitted in paper form and electronically in Microsoft Word 2003 or 2007 format. Any analyses, data bases, source programs, and documentation developed under the contract resulting from this bid board notice shall be submitted to MHCC at the completion of each task. Data supplied to the consultant or created in the course of work shall be destroyed or returned to the MHCC at the conclusion of the contract.

### Personnel Requirements

MHCC has established a single labor category for this notice. However, a consultant may propose one or more staff in this category. Any person offered must be firmly committed to work on the effort.

Labor Categories
A Consultant or Researcher must hold a Master's degree or higher degree in economics or public health or equivalent degree with a minimum of 2 years experience in developing and evaluating health care reform initiatives. The consultant must be familiar with the physician workforce issues and approaches that are being proposed to address enhanced primary care and physician workforce issues in federal health care reform legislation.

### Term of Contract

The contract will begin on or about January 1, 2010 and will end December 31, 2010.

### Issuing Office

The issuing office for this solicitation is the Maryland Health Care Commission, 4160 Patterson Avenue, Baltimore, Maryland 21215; Attention: Ms. Sharon Wiggins, Procurement Officer.

### Submission Deadline

In order to be eligible for consideration, an original proposal must be received at the Commission's office as referenced in Section I. C. above **by 3:00 p.m. Eastern Standard Time on Thursday, December 17, 2009**. Bids may also be e-mailed to [swiggins@mhcc.state.md.us](mailto:swiggins@mhcc.state.md.us) NOT later than the date specified above. All bids must include a Social Security Number or Federal Identification Tax Number. Consultants mailing proposals should allow sufficient mail delivery time to ensure timely receipt by the Commission.

## **Procurement Method**

The procurement method for this solicitation is a small procurement as described in the Code of Maryland Regulations (COMAR) 21.05.07. The consultant will be paid on a time and materials basis for the tasks. The maximum award allowed under these regulations is **\$25,000**.

For additional information about the procurement specifications, please contact Ben Steffen, Director, Center for Information Services and Analysis, Maryland Health Care Commission at:

Phone: 410-764-3573

FAX: 410-358-1236

E-Mail: [bsteffen@mhcc.state.md.us](mailto:bsteffen@mhcc.state.md.us)

## **Information Required In Proposals**

1. Please provide a brief description (5 pages or less) of your approach to completing the tasks.
2. Please include an individual resume for the person(s) who will be assigned to conduct the work. The resume should include the amount of experience the individual has relative to the work called for in this solicitation. A letter of commitment to work on the project from the individual should be included with the response.
3. Please complete the following matrix and calculate the average weighted rate associated with each person and the estimated time percentage on the overall effort of that person's contribution to the project. This information will be used for evaluation purposes and bid comparisons. Billing under the contract will be for actual hours worked by each individual up to a maximum total billing of \$25,000 for the contract. The hourly rate should be fully loaded and reflect all direct and fringe expense.

Labor Category	Estimated Share of Contract Hours	Hourly Rate
Consultant 1	%	\$
Consultant 2	%	\$
Average Weighted Rate  Note Average=  $\text{Hourly Rate 1} * \% \text{ share of hrs 1} + \text{Hour Rate 2} * \% \text{share of hrs 2} + \text{Hourly rate 3} \dots$  The contractor is required to bid one or more consultants		\$

4. Provide the names of three references the Evaluation Committee may consult regarding the quality of previous work. References may be from former employers or past consulting engagements.

## SELECTION PROCESS

### Evaluation Committee

An Evaluation Committee appointed by the Issuing Office will evaluate all proposals received by the closing deadline. The Evaluation Committee may request additional technical assistance from any source.

### Evaluation Process

The evaluation criteria set forth below are arranged in descending order of importance. (Therefore, (1) is more important than (2). Within each criterion, any sub-criteria are also arranged in descending order of importance. (In other words, 1.a is more important than 1.b; and 1.a, is more important than 1.c., etc.) In addition, it would be improper to assume that 2.a. is either less important or more important than 3.a., 3.b., etc. A prospective consultant can only conclude that criteria 3 as a whole is less important than criteria 2 as a whole.

### Criteria

#### 1. Experience and Qualifications of the Proposed Consultant

- a. Knowledge of models of primary care particularly Advanced Primary Care and the Patient Centered Medical Home.

- b. Previous experiences assessing care designs and presenting recommendations to technical and non-technical groups of stakeholders.
- c. Knowledge and experience in the field of health care policy, specifically in independently researching, reviewing, analyzing and evaluating alternative strategies.
- d. Knowledge of physician work force issues.
- e. Demonstrated ability to complete assignments within an agreed time frame.

## **2. Approach for completing the Tasks described above in Description of the Work**

### **Evaluation Process**

The Evaluation Committee will evaluate each technical proposal using the evaluation criteria set forth above. Only those technical proposals deemed reasonably susceptible of being selected for an award and whose offeror is initially judged to be “responsible” shall be considered “qualified offerors.” All other proposals will not be considered qualified and the offerors shall be so notified.

### **BASIS FOR AWARD**

The vendor with the most advantageous offer to the Commission will be awarded the contract. This contract is solicited in accordance with COMAR 21.05.07, Small Procurement.

**MINORITY BUSINESS ENTERPRISES (MBEs) ARE ENCOURAGED TO  
RESPOND TO THIS SOLICITATION**